

## Sealed Radioactive Source Accountability Form

SOURCE DESCRIPTION	
Radionuclide(s): _____	
Original Activity: _____	BNL Identification: _____
INVENTORY CHECK	
<input type="checkbox"/> Physical location verified: Building: _____ Location: _____	
<input type="checkbox"/> Postings and labels adequate	
<input type="checkbox"/> Storage locations and containers adequate	
Description of any problems: _____	
Inventory not done because source is in an inaccessible <input type="checkbox"/> or unsafe <input type="checkbox"/> location	
Name of Verifier: _____ BNL Life Number: _____	
Signature _____	Date _____
LEAK TEST	
Instrument Type: _____ Instrument ID Number: _____	
Calibration Date: _____	
Minimum Detectable Activity: _____	
Description of Test:	
<input type="checkbox"/> Swipe of Source	<input type="checkbox"/> Swipe of Container
<input type="checkbox"/> Swipe of Device	<input type="checkbox"/> Other: _____
Total Counts: _____ Background Counts: _____	
Net Counts: _____ Net Activity: _____	
Leak Test not done because source is in an inaccessible <input type="checkbox"/> or unsafe <input type="checkbox"/> location	
Name of Surveyor: _____ BNL Life or Guest Number: _____	
Signature _____	Date _____

Original to be sent to Master Source Custodian  
Copy to be filed by Department Source Custodian